Docket No: 2844 (203-2733 PCTUS) IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Scott E. MANZO

EXAMINER:

Julian W. Woo

SERIAL NO.:

10/517,404

GROUP:

Art Unit 3731

FILED:

December 7, 2004

DATED:

August 4, 2008

TITLE:

METHOD AND APPARATUS FOR ANASTOMOSIS

INCLUDING AN ANCHORING SLEEVE

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Applicant claims small entity status of this application under 37 C.F.R. 1.27

No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|---------|---|-------|---|------------------|--------------|--------------|----|------------------------------|--------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDL. FEE | OR | RATE | ADDL. FEE |
| TOTAL | * 11 | MINUS | ** 20 | = 0 | x 25= | \$ | | x 50= | \$ |
| INDEP. | • 3 | MINUS | *** 3 | = 0 | x 105= | S | OR | x 210= | \$ _ |
| | | | | | x 185= | S | | x 370= | \$ |
| ☐ FIRST | PRESENTATION | TOTAL | . \$ 0.00 | | TOTAL. | \$ 0.00 | | | |

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: August 4, 2008

Nicole Rispone

^{**} If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

^{***} If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

| | Please charge Deposit Account No. 21-0550 in the amount of S. | | | | | |
|-------------|--|---|--|--|--|--|
| | A check in the amount of \$ is | s enclosed. | | | | |
| \boxtimes | C.F.R. § 1.16 and/or 1.17 at any to overpayment of such fee(s) to De extensions of time for responding | well as any other fee(s) which may become due under 37 time during the pendency of this application, or credit any eposit Account No. 21-0550. Also, in the event any g are required for the pending application(s), please treat the time as required and charge Deposit Account No. 21- | | | | |

Respectfully submitted,

Francesco Sardone Reg. No.: 47,918

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FS/nr